



State of Arizona

Department of Health Services

Request For Grant Application (RFGA)

RFGA Number: HR761160

RFGA Due Date / Time: March 8th, 2007 at 3:00 P.M. Local Time

Submittal Location: Arizona Department of Health Services
1740 West Adams Street, Room 303
Phoenix, Arizona 85007

Description of Grant: Dental Treatment Facility

A Pre-Application Conference will not be held.

In accordance with A.R.S. §41-2701, competitive Sealed Grant Applications will be received by the Arizona Department of Health Services, at the above-specified location until the time and date cited.

Applications must be in the actual possession of the Arizona Department of Health Services, Procurement Office on or prior to the time and date, and at the submittal location indicated above. ***Late Applications will not be considered.***

Applications must be submitted in a sealed envelope or package with the RFGA Number and the Applicant's name and address clearly indicated on the envelope or package. All Applications must be completed in ink or typewritten. Additional instructions for preparing an Application are included in this RFGA.

Persons with disabilities may request special accommodations such as interpreters, alternate formats, or assistance with physical accessibility. Requests for special accommodations must be made with 72 hours prior notice. Such requests are to be addressed to the RFGA Contact Person.

APPLICANTS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE RFGA.

Grant Solicitation Contact Person:

Dee Vlahos
Name

State Government Administrator

Tel: (602) 364 – 1482

Email: vlahosd@azdhs.gov

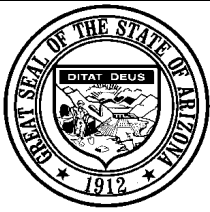
Telephone Number / Email

Date

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GRANT APPLICATION
RFGA NO.: HR761160

Arizona Department of Health Services
1740 W. Adams, Room 303
Phoenix, Arizona 85007
(602) 542 - 1040
(602) 542 - 1741 (Fax)

The Undersigned hereby applies and agrees to comply with all the terms, conditions, specifications, any amendments in the Request and any written exceptions in the Application.

Applicant's Arizona Transaction (Sales) Privilege Tax License Number: _____

Applicant's Federal Employer Identification Number: _____

Applicant's Name

Name of Person Authorized to Sign Application

Street Address

Title of Authorized Person

City State ZIP Code

Signature of Authorized Person Date

Telephone Number: _____

Facsimile Number: _____

Email Address: _____

Acknowledgement of Amendment(s):	Amendment No.	Date	Amendment No.	Date
<i>(Applicant acknowledges receipt of amendment(s) to the Request for Grant Application and related documents numbered and dated</i>	_____	_____	_____	_____
	_____	_____	_____	_____

ACCEPTANCE OF APPLICATION AND GRANT AWARD

(For State of Arizona Use Only)

Your Application, dated _____, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the RFGA and your Application, as accepted by the State.

This Grant will henceforth be referred to as Grant Number: **HR761160**

You are hereby cautioned not to commence any billable work under this Grant until you receive an executed purchase order, Grant release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this _____ day of _____ 2007.

State Government Administrator

INTRODUCTION: Statement of Purpose
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STATEMENT OF PURPOSE

The Arizona Department of Health Service Office of Oral Health is pleased to announce the availability of funds for the purpose of providing dental services to rural Arizona (safety net dental clinics). The Safety Net Dental Clinic guide offers a number of creative methods to improve access to dental services in rural Arizona. The Safety Net Dental Clinic Manual provides resources for communities in planning for expanding oral health services. Chapters 1, 2, and 3 must be completed and used as a guide for this application (www.dentalclinicmanual.com).

Legislature appropriated \$200,000 from the State General Fund for fiscal year 2006-2007 for the purpose of providing a dental treatment facility to address the shortage of dental providers in rural Arizona. Therefore, this application is constructed to encourage applicants to be flexible in meeting their dental needs or addressing the dental provider shortage in their area.

The Objective is to provide a new or expanded mobile, portable or fixed dental treatment facility to increase oral health services to rural Arizona.

INTRODUCTION: What Will Be Funded
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WHAT WILL BE FUNDED WITH THIS GRANT APPLICATION

Program Mission/Goals

The mission of the Office of Oral Health is to provide a Dental Treatment Facility to address the shortage of dental providers in **Rural*** Arizona. (* "Rural" is defined as either: (a) A county with a population of less than four hundred thousand persons according to the most recent United States decennial census; (b) A census county division with less than fifty thousand persons in a county with a population of four hundred thousand or more persons according to the most recent United State decennial census.)

All funds must be expended by June 29, 2007.

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ELIGIBLE APPLICANTS

Private or non-profit (classified as 501c (3) by the Internal Revenue Service) entity, an Arizona governmental entity or tribal government.

INSTRUCTIONS

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SPECIAL INSTRUCTIONS TO APPLICANTS

1. Application Opening:

Applications shall be opened publicly at on March 8th, 2007 at the location on the cover page of the document. The name of each Applicant shall be read at this time. After Grant award, the applications and evaluation documents shall be open for public inspections.

2. Evaluation Criteria:

The Safety Net Dental Clinic guide offers a number of creative methods to improve access to dental services in rural Arizona. The Safety Net Dental Clinic Manual provides resources for communities in planning for expanding oral health services. Chapters 1, 2, and 3 must be completed and used as a guide for this application (www.dentalclinicmanual.com).

Grant Applications will be evaluated according to the Grant requirements per A.R.S. §41-2702 (F) & (G) and based upon the evaluation criteria listed below. The criteria are listed in the relative order of importance and are based on the following:

- Task Methodologies to perform and complete the work
- Written Responses
 - Executive Summary
 - Needs Assessment – Considers population demographics, dental needs of the target population(s), accessibility of current dental care resources for target populations and community perceptions of the need for dental care resources
 - Organizational - Mission, Goals, Resources and Capabilities based on background, history, track record, organizational chart, staff resumes, letters of support and the ability to perform services as reflected by availability and suitability of staff and resources
 - Implementation Plan
 - Service Delivery Plan – Oral health services as defined on the top of Page 13 A. through D.
 - Business Plan
 - Budget Plan and budget justification and price sheet showing proposed cost(s)
 - Evaluation Plan – Written narrative describing goals and measurable outcomes that address the identified needs
- Other Data Requirements as described on Page 17
- Collaboration as demonstrated with memorandums of understanding, sub-contracts and letters from collaborative agencies describing support of the proposed partnership.
- Conformance to all other RFGA Requirements and Conditions

3. Written Questions:

Questions may be submitted in writing via email or fax to the attention of the contract person listed below. To allow for sufficient time to answer all questions that could affect the RFGA, ADHS requests that questions be submitted not later than ten (10) working days prior to the RFGA due date to:

Dee Vlahos, Procurement Specialist
Arizona Department of Health Services
1740 West Adams, Room 303
Phoenix, Arizona 85007
Phone No. (602) 364-1482
Fax No. (602) 542-1741
E-mail address: vlahosd@azdhs.gov

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4. Confidential Information:

If an Applicant believes that their application contains information that should be withheld, a statement advising the procurement officer of this fact and explaining the reasons for confidentiality shall accompany the submission, and the information shall be so identified wherever it appears. The Applicant shall stamp or specifically identify all information believed to be confidential. The information identified by the Applicant as confidential shall not be disclosed until the Office Chief of the Office of Oral Health makes a written determination. The Office Chief shall review the statement and information and shall determine in writing whether the information shall be withheld. If the Office Chief determines to disclose the information, the Office Chief shall inform the person in writing of such determination.

5. Oral or Written Presentations:

In accordance with A.R.S. §41-2702, applicants may be invited to make oral or written presentations regarding the scope of work, terms and conditions of the grant, budget and other relevant matters set forth in the request for grant applications. Applicants shall be accorded fair treatment with respect to any opportunity for oral or written presentations. The evaluators may require an applicant to revise an application to reflect information provided in an oral or written presentation.

6. Multiple Awards:

In order to assure that any ensuing Grants will allow the State to fulfill current and future needs, ADHS reserves the right to award Grants to multiple Applicants.

7. Collaborative Partnerships within Program Area:

The state encourages partnerships with other entities and programs within communities. Partnerships and/or collaborative efforts are defined as joint efforts with other entities that could provide additional resources, such as funding, in-kind, direct services, volunteers, and community support. When proposing partnerships, provide letters of agreement or memoranda of understanding describing the roles and responsibilities each partner will assume and signed by appropriate partners.

8. Authorized Signature:

A. For any document that requires the Applicant's signature, the signature provided must be that of the Owner, Partner or Corporate Officer duly authorized to sign Grant agreements. Additionally, if requested by ADHS disclosure of ownership information shall be submitted.

- (1) Privately Owned: The Owner must sign the Grant application
- (2) Partnership: A Partner must sign the Grant application
- (3) Corporation: A duly authorized Corporate Officer must sign the Grant application.

B. If a person other than these specified individuals signs the Grant application, a Power of Attorney indicating the person's authority must accompany the Grant application. All addenda to the Grant application shall be signed by the authorized individual who signed the Grant application except that they may be signed by a duly authorized designee.

INSTRUCTIONS

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HOW TO PREPARE AND SUBMIT APPLICATION

1. Read and familiarize yourself with all sections of this RFGA.
2. Definition of Terms used in this RFGA.
 - A. **“Activities”** are day-to-day and periodic things that are accomplished to meet the goal(s). They are usually single-faceted, simply stated and numerous.
 - B. **“ADHS”** means the Arizona Department of Health Services.
 - C. **“Department”** means the Arizona Department of Health Services.
 - D. **“Shall or Must”** indicates a mandatory requirement. Failure to meet these mandatory requirements may result in the rejection of an application as non-responsive.
3. **Required Application Information.** The following items shall be submitted concurrent with and as part of the Application:

One (1) original and three (3) copies of each application shall be submitted on the forms and in the format specified in the RFGA. The responses shall be typed using a 12-point font and single-spaced. The original copy of the application should be clearly labeled "ORIGINAL". The material should be in sequence and related to the RFGA. The Department will not provide any reimbursement for the cost of developing or presenting applications in response to this RFGA. Failure to include the requested information may have a negative impact on the evaluation of the Applicant's application. Applications shall have a table of contents, and tabs for each section. The original, ink-signed application shall be provided in a 1 inch, 3-ring binder labeled with Applicant's name and project title, with tabs for each section. The copies shall be submitted stapled or clipped and marked as “copy”. The application should be organized and submitted in the following order:

- A. Table of Contents for the entire application with page numbers for each section.
- B. Signed Application and Award Form.
- C. Terms and Conditions (one set with the original application only).
- D. Written Responses Defined under Scope of Work
 - o Executive Summary
 - o Needs Assessment
 - o Organizational - Mission, Goals and Objectives, Resources and Capacity
 - o Implementation Plan
 - o Evaluation Plan
 - o Budget Plan
- E. Applicant's Qualifications/Experience/Reliability – Provide a written narrative regarding history, resources, track record
- F. Organizational Chart, Financial Statements, Staff Resumes and three (3) letters of support from current or previous customers who have received same or similar services from the applicant (include customer name, telephone number, dates and descriptions of services provided)
- G. Applicant's Facilities, Business and Equipment information – Provide a written narrative describing the services to be rendered and the equipment to be used.
- H. Completed Price Sheet/Fee Schedule
- I. Safety Net Chapters 1, 2 and 3 (The Safety Net Dental Clinic Manual provides resources for communities in planning for expanding oral health services. Chapters 1, 2, and 3 must be completed and used as a guide for this application (www.dentalclinicmanual.com)).
- J. Other Attachments

TERMS AND CONDITIONS

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TERMS AND CONDITIONS

1. **Grant Term** The initial term of this Grant shall be for **one year** unless terminated, canceled, or extended as otherwise provided herein.
2. **Grant Type:** Fixed Cost Reimbursement.
3. **Grant Amendments:** Any change in this Grant, including the Scope of Work, shall only be accomplished by a formal, written and executed Grant amendment, signed by the ADHS Administrator. Any such amendment shall be within the scope of the Grant and shall specify the change, any increase or decrease in Grant amount and the effective date of the change. The Grantee expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence, acts and oral communications by or from any person, shall be used or construed as an amendment to this Grant.
4. **Availability of Funds for the Next Fiscal Year:** Funds may not presently be available for performance under this Grant beyond the current fiscal year. No legal liability on the part of the State for any payment may arise under this Grant beyond the current fiscal year until funds are made available for performance of this Grant. The State shall make reasonable efforts to secure such funds.
5. **Audit:** Pursuant to A.R.S. §35-214, at any time during the term of this Grant and five years thereafter, the Grantee's or any subcontractor's books and records shall be subject to audit by the State and, where applicable, the Federal Government, to the extent that the books and records relate to the performance of the Grant.
6. **Information Disclosure:** The Grantee shall establish and maintain procedures and controls that are acceptable to the state for the purpose of assuring that no information contained in its records or obtained from the state or from others in carrying out its functions under the Grant shall be used or disclosed by it, its agents, officers, or employees, except as required to efficiently perform duties under the Grant. Persons requesting such information should be referred to the state. The Grantee also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of Grantee as needed for the performance of duties under the Grant, unless otherwise agreed to in writing by the state.
7. **Key Personnel.** It is essential the Grantee provide an adequate staff of experienced personnel, capable of and devoted to the successful accomplishment of work performed under this Grant. The Grantee must assign specific individuals to key positions of responsibility. Once assigned to work under this Grant, key personnel shall not be removed or replaced without prior express approval by the State Government Administrator.
8. **Accounting Requirements.** All financial records shall be maintained and expenditures made in accordance with the Generally Accepted Accounting Principles to permit accurate tracking of funds to a level of expenditure adequate to ensure proper use of funds.
9. **Financial Management:** For all Grants, the practices, procedures, and standards specified in and required by the Accounting and Auditing Procedures Manual for Arizona Department of Health Services funded programs shall be used by the Grantee in the management of Grant funds and by the Department when performing a Grant audit. Funds collected by the Grantee in the form of fees, donations and/or charges for the delivery of these Grant services shall be accounted for in a separate fund.

State Funding. Grantees receiving federal funds under this contract shall comply with the certified Compliance provisions of A.R.S. §35-181.03.

Federal Funding. Grantees receiving federal funds under this contract shall comply with the certified finance and compliance audit provision of the Office of Management and Budget (OMB) Circular A-133, if applicable. The federal financial assistance information shall be stated in a Change Order or Purchase Order.

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10. **Sub-Contracts:** The Grantee shall not enter into any Subcontract under this Grant for the performance of this Grant without the advance written approval of the ADHS Program Administrator. The Grantee shall clearly list any proposed subcontractors and the subcontractor's proposed responsibilities. The Subcontract shall incorporate by reference the terms and conditions of this Grant.
11. **Licenses:** Grantee shall maintain, in current status, all Federal, State and local licenses and permits required for the operation of the business conducted by the Grantee.
12. **Federal Procurement Suspension/Debarment:** All Applicants upon submittal and signature of their application hereby attest and certify that the company has not been debarred or suspended from federal procurements.
13. **Health Insurance Accountability and Portability Act of 1996 (HIPAA) Requirements:** The Grantee warrants that it is familiar with the requirements of HIPAA and HIPAA's accompanying regulations and will comply with all applicable HIPAA requirements in the course of this contract. Grantee warrants that it will cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the contract so that both the ADHS and Grantee will be in compliance with HIPAA, including cooperation and coordination with the ADHS Privacy Officer and other compliance officials required by HIPAA and its regulations. Grantee will sign any documents that are reasonably necessary to keep the ADHS and Grantee in compliance with HIPAA, including, but not limited to, business associate agreements.

If requested by the ADHS, Grantee agrees to sign the "Arizona Department of Health Services Pledge To Protect Confidential Information" and to abide by the statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information and all other confidential or sensitive information as defined in policy. In addition, if requested, Grantee agrees to attend or participate in HIPAA training offered by the ADHS or to provide written verification that the Grantee has attended or participated in job related HIPAA training that is: (1) intended to make the Grantee proficient in HIPAA for purposes of performing the services required and (2) presented by a HIPAA Privacy Officer or other person or program knowledgeable and experienced in HIPAA and who has been approved by the ADHS HIPAA Compliance Officer.

14. **Federal Grant Restrictions:** Grantee shall maintain, in current status, all Federal, State and local licenses and permits required for the operation of the business conducted by the Grantee.
15. **Arizona Substitute/IRA W-9 Form:** In order to receive payment the Grantee shall have a current Arizona Substitute W-9 Form on file with the State of Arizona, unless not required by law.
16. **Offshore Performance of Work Prohibited:** Due to the security and identify protection concerns, direct services under this contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers. Grantees shall declare all anticipated offshore services in the Grant Application.
17. **Federal Immigration Laws, Compliance by State Contractors:** By entering into the Contract, the Contractor warrants compliance with the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. The Contractor shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Contract. The Contractor and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor's Immigration and Control Act, for all employees performing work under the Contract. I-9 forms are available for download at USCIS.GOV

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The State may request verification of compliance for any Contractor or subcontractor performing work under the Contract. Should the State suspect or find that the Contractor or any of its subcontractors are not in compliance, the State may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or debarment of the Contractor. All costs necessary to verify compliance are the responsibility of the Contractor.

18. **Cancellation for Conflict of Interest:** Pursuant to A.R.S. § 38-511, the State may cancel this Grant within three (3) years after Grant execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the Grant on behalf of the State is or becomes at any time while the Grant or an extension of the Grant is in effect an employee of or a consultant to any other party to this Grant with respect to the subject matter of the Grant. The cancellation shall be effective when the Grantee receives written notice of the cancellation unless the notice specifies a later time. If the Grantee is a political subdivision of the State, it may also cancel this Grant as provided in A.R.S. § 38-511.
19. **Non-Discrimination:** The Applicant shall comply with State Executive Order No. 99-4 and all other applicable Federal and State laws, rules and regulations, including the Americans with Disabilities Act.

SCOPE OF WORK

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SCOPE OF WORK

The Arizona Department of Health Service Office of Oral Health is pleased to announce the availability of funds for the purpose of providing dental services to rural Arizona (safety net dental clinics). The Safety Net Dental Clinic guide offers a number of creative methods to improve access to dental services in rural Arizona. The Safety Net Dental Clinic Manual provides resources for communities in planning for expanding oral health services. Chapters 1, 2, and 3 must be completed and used as a guide for this application (www.dentalclinicmanual.com). The following oral health services shall be provided as outlined below in this facility:

- A. Provide age appropriate preventive dental services to residents of rural Arizona.
- B. Provide dental services to patients with special health care needs.
- C. Provide dental care based on sliding fee scale based on income (The Notice of Final Rulemaking for the SFS rules can be viewed at http://www.azsos.gov/public_services/Register/2006/43/final.pdf Click on the 3rd icon on the left to go directly to the SFS Notice of Final Rulemaking.) (The SFS policies can be reviewed on the following website at: www.atdn.org/access/poverty.html)
- D. Provide dental care as a provider who accepts Medicaid assignments.

TASK METHODOLOGIES:

1. **Proposed Project** - Provide a summary of your proposed project and why you would like to undertake this project.
2. **Project Description:**
 - A. Describe what is the need
 - B. Describe what evidence there is that the stated problem(s) are a high priority for the community/
 - C. Describe how the proposed project effectively addresses the problem and why you think it will work/
 - D. Specify the proposed project's evaluation methods which will be used to access the project's impact on the target community/
3. **Area / Target Population:**
 - A. Describe the proposed geographic area to be covered.
 - B. Explain the proposed population to be covered (i.e. entire population within the defined geographic area or limited portion of population within defined geographic area.)
 - C. Describe the characteristics of the populations (i.e. age, socioeconomic status, race / ethnicity)
4. **Projected Timeframe and Activities:**
 - A. Outline the project timeline.
 - B. Describe the activities to be completed during the proposed project timeline.
 - C. Provide supporting information to demonstrate that the activities are measurable, relevant and feasible.
5. **Staffing:**
 - A. Describe how your proposed project will be staffed.
 - B. Provide supporting information to demonstrate that the staffing is well defined and adequate.

WRITTEN RESPONSES:

1. **Executive Summary (not to exceed more than one (1) page):** Provide a narrative overview that includes a brief summary of the identified need, the target population, the intended goals and the measurable, time-specific outcomes (objectives) that will address the identified problem/needs, the type of equipment or facility that is proposed (including whether it is new or an expansion) and the amount of the funds requested.

Reminder, goals are general and should reflect what changes are desired within your targeted rural population or area. Objectives should support the goals and should describe specific changes

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that will be accomplished within a certain period of time and are able to be measured. It is critical that the goals and objectives are realistic in terms of both time and available resources. It is also important that the goals and objectives be stated or otherwise explained in ways that directly link them to the identified problem/needs.

2. Needs Assessment (not to exceed two (2) pages, excluding attachments):

This module creates a foundation for the application by focusing on problem identification, the individuals or groups to be reached, other people or groups who will play a role in the development or implementation of the program, the relevant risk and protective factors/assets, the gathering and analysis of data that will establish the needs to support the identified problem, and the identification of other resources currently directed toward the identified problem. Applicants should elaborate on the assessment of need within the community including the prevalence or scope of dental disease occurring within the jurisdiction or geographic area of service.

- A. State the problem/issue to be addressed in this application.
- B. Based on the stated problem, what group(s) of people or communities will the application be targeting? Please use the Problem Description Worksheet (Chapter 1, Section II, c, which is located at www.dentalclinicmanual.com) to describe the target population. Also include information about:
 - a. Unique demographic characteristics including race, ethnicity, age, gender, primary languages, and income distribution.
 - b. Any special populations (i.e., infants and toddlers, pregnant women, patients with special health care needs, school-aged children) that will be served by this new oral health program.
- C. What information/data, including local data (e.g. statistics, surveys, focus groups), has been collected that validate the identified problem? What are the sources of this data and the methodology? Identify the oral health status and treatment needs of the target population (e.g., dental caries, tooth loss, periodontal diseases, fluoridation in the community water supply, and/or oral cancer and other oral conditions).
- D. What other resources ((federal, state, or local funds plus any in-kind resources) in your community are currently being directed toward the stated problem? Include other safety net dental clinics or Federally Qualified Health Centers (FQHCs), resources and/or services of other public and private organizations within the proposed service area that provide care to the target population.
- E. Identify and describe the most significant barriers to accessing comprehensive primary oral health services, gaps in services, significant health disparities, and major oral health problems in the community (e.g., cultural or language issues, geographic barriers, access issues related to managed care, reimbursement, unreasonable wait times).

3. Organizational - Mission, Goals and Objectives, Resources and Capacity (not to exceed two (2) pages excluding attachments):

This section captures the information about the applicant including organizational mission and how the goals for this application tie into the organizational goals and objectives of the applicant. Also provide information on the infrastructure and stability of the applicant. Utilize the tools in Chapters 1 through 3 of the Safety Net Dental Clinic Manual (www.dentalclinicmanual.com).

A. Mission:

- a. Include the mission, goals and objectives of your organization. Refer to specifics in your strategic plan if applicable.

B. Goals and Objectives: This task captures the broad elements of intent (goals) and the measurable, time-specific outcomes (objectives) that will address the above Project Description. Goals are general and should reflect what changes are desired within your targeted population or area. Objectives should support the goals, should describe specific changes that will be accomplished within a certain period of time and are able to be measured.

- a. State the goal(s) that will address the identified problem/need

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- b. Identify and develop process objectives that will be used to measure the effectiveness of the project. For each goal, identify an objective(s) that:
 - i. Describes what will change in the targeted population/area (e.g. behavior/attitudes, decrease in risk or increase in protective factors, impact on indicators/statistics, etc.)
 - ii. Quantifies how much will change (e.g. increase or decrease in numbers, percentages, etc.)
 - iii. Gives a specific date by which the change(s) will occur
- c. Explain how the goals and objectives are linked to the proposed project (i.e. collect data on hours of operation, dental providers, patients and services provided).
- d. Use the *Health Improvement Plan* worksheet to explain how the goals and objectives are linked to the identified problem/needs:
http://www.dentalclinicmanual.com/chapt1/section_02/topic_01/attached/Health%20Improvement%20Plan.doc

C. Resources and Capacity:

- a. Identify the external team, i.e., what other individuals or organizations (key stakeholders who have a vested interest in the stated problem) are involved in the development and/or implementation of the proposal and what are their specific roles?
- b. Identify the internal team. Who are the individuals within the applicant's organization involved in the development and implementation of the proposal and what are their specific roles? It will particularly be important to show there will be continuity of staff as the proposal moves from development to the implementation. Also describe the capability and commitment of the current Board, administration, management and/or community partners to develop and sustain this oral health program.
- c. Describe how the current assets will support development **and implementation of the oral health program within 6 months of receipt of notice of grant award.**
 - i. Provide written answers to the *Ten Critical Planning Questions* found in Chapter 1, Section 2, d, of the dental clinic manual.
 - ii. Provide a copy of the organizations statement of financial position. (Use Chapter 3 Appendix I of the dental clinic manual as a guide.)

4. Implementation Plan (not to exceed four (4) pages excluding attachments):

This section focuses on steps that must be taken to achieve the goals and objectives. It should include all the elements that will be required to transition from development to implementation and sustainability.

A. Service Delivery Plan:

- a. Applicant describes how the proposed primary oral health care services will be provided (i.e., directly on-site, via contract, referral arrangement) and demonstrates the appropriateness of these arrangements for optimal accessibility by the target population. The description should include:
 - i. Any linkages, collaborations, partnerships, and/or leveraging of other community resources (e.g., linkages with dental schools, Head Start, State/City/County health programs and volunteer programs).
 - ii. If services are provided through contracts and the contract(s) is in place, a signed copy of the contract(s) must be attached to the application. If a contract(s) is not in place, a letter of agreement or understanding with the proposed agency or personnel must be included with your application.
- b. Applicant describes how the target population to be served will be informed about the services available, identified and referred to the Dental facility, and educated about the importance of prevention and treatment of oral health problems.
- c. Applicant demonstrates how the new oral health care services will be integrated with the community's other primary health care services (e.g., collaboration with medical providers to ensure continuity of comprehensive primary health care, referral or recall for additional dental treatment).

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- d. Applicant demonstrates how the new primary oral health services will take into account the needs of culturally and linguistically diverse patients or for special populations including infant and toddlers, pregnant women, seniors, and patients with special needs.
- e. Applicant demonstrates that the proposed staffing is appropriate for the level and type of oral health care services to be provided and describes an appropriate plan for oral health care staff recruitment and retention.

B. Business Plan:

- a. Outline the goals and objectives for the operation of the service expansion project, and tie them into the overall operational business goals of the organization. Describe how these goals/objectives are targeted and demonstrate appropriate financial planning in the development of the proposal and for the long-term success of the project.
- b. Utilize Chapters 2 and 3 of the Safety Net Dental Clinic Manual for this section.
- c. Complete the budget sheet (Chapter 3 – Appendix A). An authorized agency representative must sign all budget information. This is the person to be contacted with any clarifying questions relating to the program budget.
- d. Explain where these resources will be obtained including existing resources, this grant and other grants, donations and contributions, both financial and in-kind.
- e. Provide a budget for start-up and for sustainability/yearly operational budget for the next three years. (Chapter 3 – Appendix E)
- f. Describe readiness to initiate the proposed service expansion within six (6) months of the grant award. Specifically, the applicant demonstrates that within six (6) months: 1) proposed staff/providers will be recruited and/or hired, 3) the facility will be available and operational, and 2) proposed services for the target population/community will be initiated.
- g. Describe a plan for attaining and maintaining long-term viability of the proposed service expansion (i.e., personnel, capital, operating funds, maintenance etc.). This may include additional fundraising (Chapter 3 Appendix L), establishing or strengthening relationships with collaborators, increasing staff, adding data or financial systems, contracting with consultants or providers, purchasing equipment.
- h. Identify factors that may affect progress of the service expansion in either a positive or negative way.

5. Evaluation Plan (not to exceed more than one (1) page)

- 1. Describe the process for problem identification and resolution. Include how this process would be used for program improvement.
- 2. Describes how it will measure changes to the existing barriers to oral health care services for the target population.
- 3. Describe which relevant goals and objectives of the Healthy People 2010 initiative will be utilized as performance measures. Include (or obtain) a baseline for the target population and a plan for future measurement.

SCOPE OF WORK

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7. Support Requested (not to exceed more than one (1) page – this total does not include the clinic manual needs assessments pages)

1. Show how the grant funds requested are being used to leverage other sources of funding.
2. Describe how the proposed service expansion is a cost-effective approach to meeting the oral health needs of the target population given the needs of the target population and the level of health care resources currently available in the community.
3. Review and complete www.dentalclinicmanual.com needs assessment.

8. Other Data Requirements:

- A. Complete Chapters 1 through 3 of the *Safety Net Dental Clinic Manual* at www.dentalclinicmanual.com.
- B. Solicit and obtain a minimum of three competitive bids for Dental Facility and upon approval of ADHS, procure a mobile, portable, or fixed clinic facility to provide oral health services.
- C. A Needs Assessment, Evaluation Plan and Annual Report shall be submitted and approved by Arizona Department of Health Services, Office of Oral Health.
- D. Submit a yearly report for five years after award to include:
 - 1) An Annual Report
 - 2) Improvement
Process Assessment - will include description of what has been accomplished in achieving stated goals. If progress is not on schedule, an action plan describing steps that will be taken to reach these goals.

9. NOTICES, CORRESPONDENCE, REPORTS AND INVOICES:

Notice, Correspondences, Reports and Invoices from the Grantee to the ADHS shall be sent to:

Arizona Department of Health Services
Chief, Office of Oral Health
1740 West Adams Street, Suite 205
Phoenix, Arizona 85007
Phone No.: (602) 542-2935
Fax No.: (602) 542-2936
Email: fliegej@azdhs.gov

Notice, Correspondences and Report from the ADHS to the Grantee shall be sent to:

Organization: _____
Attention: _____
Street Address: _____
City, State and ZIP Code: _____
Telephone: _____
Email: _____

Payments from ADHS to the Grantee shall be sent to:

Organization: _____
Attention: _____
Street Address: _____
City, State and ZIP Code: _____

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PRICE SHEET / FEE SCHEDULE
RFGA NO. HR761160

PRICE SHEET/FEE SCHEDULE

Part 1:

The applicant shall provide an all-inclusive firm, fixed guaranteed-not-to-exceed total project price for clinic facility to provide services set forth in the Scope of Work:

\$ _____

Part 2:

The applicant shall identify the mode of delivery for dental services it is proposing to provide

Select one below -

_____ Fixed Clinic Facility (please specify below)

- ☐ A new structure that is:
 - ☐ Modular
 - ☐ Conventional construction
- ☐ An addition to an existing structure
- ☐ The renovation of an existing structure

OR

_____ Mobile Unit

- ☐ Self contained motorized vehicle
- ☐ Trailer (nonmotorized)

OR

_____ Portable Equipment (dental chairs, x-ray unit, dental unit, lights, stools, etc)

Part 3:

The applicant shall indicate if this is a new facility or an upgrade or renovation to an existing facility below:

_____ New Access Initiative

_____ Expansion or Improvement of Existing Program (vs. facility?)

Part 4:

The applicant shall indicate below the number of rural Arizonans it proposes to serve with the program in calendar year 2006.

_____ participants

STATE OF ARIZONA
ARIZONA DEPARTMENT OF HEALTH SERVICES

Instructions: Applicants must submit the items listed below. In the column titled "Applicant's Page #", the Applicant must enter the appropriate page number(s) from its Application where the ADHS evaluators may find the Applicant's response to that requirement.

Required Item	RFGA Reference	Applicant's Page No.
1. One Original and 3 Copies of Application Package	Page 9, Item 3	
2. Application and Award Form Signed	Page 3	
3. Executive Summary	Page 13	
4. Needs Assessment	Page 14	
5. Organizational Mission, Goals, and Resources	Page 14 and 15	
6. Implementation Plan	Page 15 and 16	
7. Evaluation	Page 16	
8. Other Data Requirements	Page 17	
9. Notices/Contacts Information	Page 17	
10. Price Sheet/Fee Schedule	Page 18	
11. Applicant's Checklist	Page 19	